MAPLE LANE HEALTH CARE CENTER - FDD

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N4231 STATE HIGHWAY 22

SHAWANO 54166 Ownership: Phone: (715) 526-3158 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 24 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 24 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 23 Average Daily Census: 22

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	4. 3 4. 3
Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	73. 9	More Than 4 Years	91. 3
Day Services	No	Mental Illness (0rg./Psy)	0.0	65 - 74	13. 0		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	8. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	4. 3	************************************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	26. 1		
Transportati on	No	Cerebrovascul ar	0.0			RNs	10. 1
Referral Service	No	Diabetes	0. 0	Sex	%	LPNs	4. 7
Other Services	No	Respi ratory	0. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	47.8	Aides, & Orderlies	42.6
Mentally Ill	No	Í		Female	52. 2		
Provi de Day Programming for		]	100. 0		j		
Developmentally Disabled	Yes	İ			100. 0		
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## Method of Reimbursement

		Medicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	<b>;</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				23	100.0	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	100. 0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0. 0		23	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		23	100.0

County: Shawano MAPLE LANE HEALTH CARE CENTER - FDD

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ions, Servi ce	s, and Activities as of 12	/31/01
Deaths During Reporting Period				0,	6 Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	4. 3		69. 6	26. 1	23
Other Nursing Homes	0.0	Dressi ng	43. 5		34. 8	21. 7	23
Acute Care Hospitals	<b>50</b> . <b>0</b>	Transferring	65. 2		21. 7	13. 0	23
Psych. HospMR/DD Facilities	<b>50</b> . <b>0</b>	Toilet Use	<b>56</b> . <b>5</b>		<b>26</b> . 1	17. 4	23
Rehabilitation Hospitals	0.0	Eating	<b>78</b> . 3		8. 7	13. 0	23
Other Locations	0.0	*************	******	******	******	********	*****
Total Number of Admissions	2	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Extern		0.0	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	0. 0	0cc/Freq. Incontinent		<b>52.</b> 2		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	t of Bowel	<b>26</b> . 1		Suctioning	0. 0
Other Nursing Homes	0.0					Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility				Tube Feeding	4. 3
Psych. HospMR/DD Facilities	100	Physically Restraine	i	0.0	Recei vi ng	Mechanically Altered Diets	s 56. 5
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care				ent Characteristics	
Deaths	0. 0	With Pressure Sores		4. 3		nce Directives	60. 9
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	1				Recei vi ng	Psychoactive Drugs	<b>56.</b> 5

	Thi s	I	FDD	Al l			
	Facility	Fac	cilities	Faci	lties		
	%	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	91. 7	84. 6	1. 08	84. 6	1. 08		
Current Residents from In-County	65. 2	41. 3	1. 58	77. 0	0. 85		
Admissions from In-County, Still Residing	0. 0	17. 0	0.00	20. 8	0.00		
Admissions/Average Daily Census	9. 1	18. 6	0. 49	128. 9	0. 07		
Discharges/Average Daily Census	4. 5	22. 2	0. 21	130. 0	0. 03		
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00		
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00		
Residents Aged 65 and Older	26. 1	15. 8	1. 65	87. 5	0. 30		
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46		
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0. 00		
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19		
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00		
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00		
Impaired ADL (Mean)*	34. 8	50. 6	0. 69	49. 3	0. 71		
Psychological Problems	56. 5	46. 6	1. 21	51. 9	1. 09		
Nursing Care Required (Mean)*	8. 2	11. 0	0. 74	7. 3	1. 11		